

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000304996

Entity Name: COMPREHENSIVE PAIN MANAGEMENT AND REHABILITATION
LLC

FILED
Mar 05, 2022
Secretary of State
4621782194CC

Current Principal Place of Business:

10238 SW 86TH CIRCLE
SUITE 300
OCALA, FL 34481

Current Mailing Address:

4871 SW 63RD ST
OCALA, FL 34474 UN

FEI Number: 87-1520955

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOLLU, CHAYAPATHY M DR.
4871 SW 63RD ST
OCALA, FL 34474 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	FRANCO, RINA M	Name	JOLLU, CHAYAPATHY M
Address	4871 SW 63RD ST	Address	4871 SW 63RD ST
City-State-Zip:	OCALA FL 34474	City-State-Zip:	OCALA FL 34474

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RINA FRANCO

MGR

03/05/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date